U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E (S READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.
OLMS OLMS	
1. File Number U- 8209	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: [2 / 3] / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Damon Beanch	Name Vew York Metro Area Postal Union
	Labor Organization File Number 506 - 153
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street B50W 318 St. 39FL.	Street 350 W 31 ST ST, 374 FL.
City Naw York	City New York
State	State
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	on 8 12 05 212 563-7553
' V	Date Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name New York Method to dura Codit Union  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street DSO W 3 St St. 10 PL.  City New York  State ZIP Code +4 [000]	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NAW YOTH MUTTO Fader at Credit Union  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 950 W 31 ST ST. 13 FC.  City MAW YOTH  State Y ZIP Code + 4 10001	11.a. Nature of such dealing.  Member of feu Board Dir. Feu Bus Unch for the Board at Monthly Board Mutury Eawrage Cost of \$15.80 [mbr. Per Meetings] there were 11 Bd. Meetings Neld on 2004, Its total amount Was \$173.80  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Alliquit of payment.